

Before The Utah State Tax Commission
PETITION FOR REDETERMINATION

Petitioner (print or type)		Petitioner representative, if any (print or type)	
Name		Name	
D.B.A.		Firm	
Mailing address		Mailing address	
Daytime telephone no.	FAX telephone no.	Daytime telephone no.	FAX telephone no.
Account/FEIN/Social Security no.	Property Parcel number	Attach signed authorization or power of attorney.	

Tax Type and Primary Issue

This appeal involves (check any that apply)

- (Provide estimated market value of property)
- ☐ Sales/Use tax ☐ Individual income tax ☐ Corporate Franchise tax ☐ Property tax \$ _____
- ☐ Penalty/Interest ☐ Refund request ☐ Motor vehicle or impound ☐ Other (specify): _____

Tax year, audit period, or period under petition: _____

This appeal involves an assessment, decision, or action by:

- ☐ Auditing Division ☐ Taxpayer Services Division ☐ Property Tax Division
- ☐ Motor Vehicle Division ☐ Motor Vehicle Enforcement Division ☐ Other (specify): _____

If this appeal results from a decision, letter, assessment, or notice issued by a Division of the Tax Commission, provide the date of that action and the name and title of the person who took the action. **(Attach a copy of any letter or notice to this petition.)**

Date: ____/____/____ Name and title: _____

Request For Relief

Describe the basis for your appeal and the relief that you seek from the Tax Commission (attach additional pages if necessary)

Matters that come before the Tax Commission are set for a hearing, unless the parties agree to pursue mediation or a decision on the record. Check the "Yes" box for each option you agree with.

- ☐ **Yes** Are you interested in receiving information on our mediation program?
- ☐ **Yes** Do you believe this matter can be decided on the record without a hearing? ***If you request a decision on the written record, it is your responsibility to make sure all supporting documents, information, and legal authorities are submitted to the Appeals Unit with this Petition For Redetermination. If you indicate a preference for a hearing on the record, this matter will be set for a Telephone Status Conference so the presiding officer can make a decision on your request.***

Name (print or type)	Signature X	Date signed
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Send Appeal Documents to: Utah State Tax Commission, Appeals Unit
210 North 1950 West
Salt Lake City, Utah 84134

TC-738 Rev. 1/00

For assistance with this form, call: (801) 297-2280 or (801) 297-2281